

Amendments to the Claims:

This listing of claims will replace all prior versions and listings of claims in the application.

Listing of Claims:

1. (Currently Amended) A method for treating gastro-esophageal reflux disease (GERD) of a patient comprising:
 - accessing a juncture of an esophagus and a stomach of the patient on a distal side of a diaphragm of the patient with said esophagus and a fundus of said stomach intersecting at a cardiac notch located at an original cardiac notch position;
 - placing a reducing element at said junction with said reducing element selected to reposition said cardiac notch to a repositioned cardiac notch position more distal to a lower esophageal sphincter of said patient and define an extended esophageal portion;
 - said reducing element sized for said reducing element to be placed around both a distal portion of said esophagus including surrounding a portion of said esophagus above said original cardiac notch portion and a proximal portion of said stomach, said placing including placing said reducing element around both said esophagus including surrounding a portion of said esophagus above said original cardiac notch portion and said stomach to create said extended esophageal portion with said reducing element restraining formation of a gastric pouch between proximal and distal ends of said reducing element.
2. (Original) A method according to claim 1 wherein said reducing element comprises a plurality of separate elements disposed serially along said extended esophageal portion.
3. (Original) A method according to claim 1 wherein said placing includes selecting said element to be selectively adjustable along a length of said element to selectively

adjust a volume of said element to form an extended esophagus portion between said original cardiac notch position and said repositioned cardiac notch position.

4. (Previously Presented) A method for treating gastro-esophageal reflux disease (GERD) of a patient comprising:

accessing a juncture of an esophagus and a stomach of the patient on a distal side of a diaphragm of the patient with said esophagus and a fundus of said stomach intersecting at a cardiac notch located at an original cardiac notch position;

placing a reducing element at said junction with said reducing element selected to reposition said cardiac notch to a repositioned cardiac notch position more distal to a lower esophageal sphincter of said patient and define an extended esophageal portion;

wherein said placing includes selecting said element to be selectively adjustable along a length of said element to selectively adjust a volume of said element to form an extended esophagus portion between said original cardiac notch position and said repositioned cardiac notch position; and

wherein said element includes a slit along a length thereof and said adjusting includes altering a spacing of said slit.

5. (Original) A method according to claim 3 wherein said element includes a material positioned loosely on said esophagus and fundus and said adjusting includes gathering and securing said gathered material along a length of said element.

6. (Original) A method according to claim 1 wherein said element is secured to either said esophagus or said stomach to restrict movement of said element relative to a final positioning of said element.

7. (Original) A method according to claim 6 wherein said securing includes providing selected areas of said element with tissue in-growth areas.

8. (Original) A method according to claim 1 further comprising placing an implant adjacent an esophagus of said patient to create a restricted region.

9. (Original) A method according to claim 8 wherein said implant can be actuated to at least partially close said esophagus and abate reflux of contents of a stomach of said patient retrograde within said esophagus.
10. (Original) A method according to claim 9 wherein said actuation of said implant includes actuating an artificial sphincter at least partially surrounding said esophagus to change states from an open state to an at least partially closed state, said artificial sphincter in said open state permitting substantially unimpeded food flow through said esophagus into said stomach, said artificial sphincter in said at least partially closed position at least partially closing said esophagus and abating reflux of contents of said stomach retrograde within said esophagus.
11. (Original) A method according to claim 8 wherein said actuation of said implant is initiated by said patient.
12. (Original) A method according to claim 8 wherein said actuation of said implant is initiated by a controller operatively connected to electrodes and having an input operatively connected to organ sensors.
- 13-23. (Cancelled).